

Client Work Site Safety Evaluation

Inspector: _____ **Client:** _____

Job-Site Location: _____ **Date:** _____

This inspection checklist monitors the compliance activities at the facility. It also serves as a hazard assessment to current activities. The inspection shall be completed in all areas of the facility, including warehouse and office areas as it is applicable. Issues shall be summarized on the last page. All corrections are expected to be completed in a timely manner.

| GENERAL SAFETY & HEALTH PROGRAMS | YES | NO | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Is there an Injury and Illness Prevention Program (IIPP)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a Hazard Communication Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a Lockout/Tagout Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a Fire Safety Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there an Emergency Action Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a Heat & Prevention Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a Forklift/Powered Industrial Truck Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there any additional programs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Overall Comments: | | | | |

| EMERGENCY LIGHTING | YES | NO | N/A | Comments |
|--------------------------------|--------------------------|--------------------------|--------------------------|----------|
| All exit signs illuminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| All exit signs free of damage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| EMERGENCY PREPAREDNESS | YES | NO | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Are all walkways and aisle ways free of obstructions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all employees trained on Emergency Evacuation Procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are emergency evacuation maps posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the First Aid cabinet fully stocked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Client Work Site Safety Evaluation

| FIRE EXTINGUISHERS | YES | NO | N/A | Comments |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| Are all extinguishers clearly identified with a wall mounted sign? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has an annual inspection been conducted within the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the Extinguishers inspected/documented monthly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| EYEWASH | YES | NO | N/A | Comments |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| Are there caps covering the emergency eyewash? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the emergency eyewash free of dust, dirt, and other debris? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the emergency eyewash function properly when turned on? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| LADDERS | YES | NO | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|-----------------|
| Are all employees using ladders trained in Ladder Safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| FORKLIFTS | YES | NO | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|-----------------|
| Are pre-use inspections completed on all Forklifts prior to each shift? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all designated forklift operators properly trained in each type of forklift in use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the forklifts free of visible damage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| HAZARDOUS MATERIALS | YES | NO | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|-----------------|
| Are all SDS's readily available for all employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all employees trained on how to locate, read and understand an SDS sheet? (Hazard Communications) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all personnel equipped with adequate PPE for these materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| HOUSEKEEPING | YES | NO | N/A | Comments |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| Walkways/Working surfaces in good repair/ free of hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all worksites clean and orderly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| ELECTRICAL | YES | NO | N/A | Comments |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| Are all plugs and cords in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| No electrical switches, switch plates or receptacles are cracked, broken or have exposed contacts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do all electrical panels have 3 feet of clearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fixtures in wet/damp locations are water-proof? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| PERSONAL PROTECTIVE EQUIPMENT | YES | NO | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|-----------------|
| Is there adequate PPE for all job types on site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all personnel trained in the proper use of PPE as required by their job(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are employees wearing proper footwear in accordance with PPE requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there any other PPE issues that need to be addressed at this time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| MACHINE GUARDING | YES | NO | N/A | Comments |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| Are employees trained on safe methods of machine operation and documented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all guards secured, substantial and create no new hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are moving chains and gears properly guarded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the power shut-off switch within reach of operator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

COMMENTS:
